



State of Alaska Retirees — Optional Life Insurance CONTINUATION/WAIVER FORM

Division of Retirement and Benefits
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THIS FORM IS SUBMITTED TO:

☐ ELECT TO CONTINUE COVERAGE AND AUTHORIZE DEDUCTION ☐ BENEFICIARY CHANGE ☐ CANCELLATION/WAIVER

RETIREE NAME:	SOCIAL SECURITY NUMBER:
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☐ I do **not** elect to continue my Optional Life Insurance and hereby waive my right to participate now and in the future. (*Skip to signature block.*)

☐ I elect to continue my Optional Life Insurance and hereby authorize the State to make the necessary deduction from my benefit check. (*Complete beneficiary designation.*)

Life Insurance Volume Amount \$ _____ Premium \$ _____

BENEFICIARY DESIGNATION - COMPLETE ONLY IF YOU WISH TO CONTINUE YOUR OPTIONAL LIFE:

PRIMARY	Last Name, First, M.I.	Relationship	Percentage %
Mailing Address	City	State	Zip+4
PRIMARY <input type="checkbox"/> CONTINGENT <input type="checkbox"/>	Last Name, First, M.I.	Relationship	Percentage %
Mailing Address	City	State	Zip+4
PRIMARY <input type="checkbox"/> CONTINGENT <input type="checkbox"/>	Last Name, First, M.I.	Relationship	Percentage %
Mailing Address	City	State	Zip+4
PRIMARY <input type="checkbox"/> CONTINGENT <input type="checkbox"/>	Last Name, First, M.I.	Relationship	Percentage %
Mailing Address	City	State	Zip+4
PRIMARY <input type="checkbox"/> CONTINGENT <input type="checkbox"/>	Last Name, First, M.I.	Relationship	Percentage %
Mailing Address	City	State	Zip+4
PRIMARY <input type="checkbox"/> CONTINGENT <input type="checkbox"/>	Last Name, First, M.I.	Relationship	Percentage %
Mailing Address	City	State	Zip+4

SIGNATURE:	DATE:
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OPTIONAL LIFE INSURANCE

You may choose to continue your Optional Life Insurance after your retirement. The Accidental Death and Dismemberment benefit, however, is no longer included in this coverage.

For more detailed information regarding the Optional Life Insurance plan, please refer to your Retiree Group Insurance Information Booklet.

BENEFICIARY DESIGNATION

The beneficiary designation section names the people you want to receive the benefits you have elected in the event of your death. It may also be used to change those names at any time. The section has space for five beneficiaries. If necessary, you may attach additional forms. This section must be completed listing all intended beneficiaries each time this form is used.

1. Enter the beneficiary's name, address, and relationship to you.
2. Indicate whether this beneficiary is primary or contingent. Primary beneficiaries receive the benefit first if you die. Contingent beneficiaries receive the benefit if the primary beneficiary has died.
3. Indicate the percentage of the benefits that you would like this beneficiary to receive. The total percentage given to primary beneficiaries must equal 100%. The total percentage given to contingent beneficiaries must equal 100%.
4. List as many beneficiaries as you like, following the instructions for the first beneficiary in #1 through #3 above.

Retiree Optional Life Premiums	
Age	★Premium Per \$1000
Under 30	\$0.09
30-39	\$0.11
40-44	\$0.18
45-49	\$0.26
50-54	\$0.41
55-59	\$0.61
60-64	\$0.87
65-69	\$1.26
70-74	\$2.79
75-79	\$5.30
80-84	\$7.52
85 & Over	\$11.57

★Premiums increase every January based on your age.